

The information collected on this form is used for the informal dispute resolution (IDR) process. Completion of this form is not required by statute, however, the following information must be provided, as described below, if you wish to request informal dispute resolution. If you have questions about completion of this form or the informal dispute resolution process, see BQA memo 04-020 or contact the IDR Intake Coordinator at 608-266-2966.

1. Complete and FAX this form to:

**BQA FAX 608-267-7119**  
**and**  
**MPRO FAX 248-305-7093**

2. SUPPORTING DOCUMENTATION must be forwarded to MPRO, **within seven (7) days of receipt of the Statement of Deficiencies**, if an in-person or telephonic IDR is requested. Materials received **AFTER DAY 7** will result in a desk review only. Materials received after day 10 will **NOT** be considered during the IDR review.

Name – Facility		Date Request Submitted	Facility License No.
Facility Mailing Address		Federal SOD Number	State SOD Number
City	Zip Code		
Contact Person	Telephone Number	Event ID Number	Date SOD Received
Type of Review Requested <input type="checkbox"/> Telephonic  <input type="checkbox"/> In-Person  <input type="checkbox"/> Desk Review	The provider's legal counsel will be involved in the IDR process. <input type="checkbox"/> Yes <input type="checkbox"/> No  The Service Agreement is included. <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of BQA Regional Office <input type="checkbox"/> Eau Claire <input type="checkbox"/> Milwaukee  <input type="checkbox"/> Green Bay <input type="checkbox"/> Rhinelander  <input type="checkbox"/> Madison	

Enter the disputed Federal and State tags or codes and the reason for requesting IDR (from the following list) in the space below. Enter only one reason for each tag / code.

07 Other (Explain)

05 New Information Available

06 Code Interpretation

Tag / Code	Reason for IDR	Tag / Code	Reason for IDR